

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DONALD J. TRUMP FOR PRESIDENT, INC.**

**A. Full Name (Last, First, Middle Initial)**

**EXCELSIOR STRATEGIES**

Mailing Address 45 NORTH HILL DR  
STE 100

City  
WARRENTON

State  
VA

Zip Code  
20186

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

548107.25

**Transaction ID : SA21.6262**

Date of Receipt

M M / D D / Y Y Y Y  
02 / 08 / 2019

LIST RENTAL REVENUE - FAIR MARKET VALUE

Amount of Each Receipt this Period

548107.25

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**K&K INSURANCE**

Mailing Address 1712 MAGNACOX WAY

City  
FORT WAYNE

State  
IN

Zip Code  
46801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

27632.30

**Transaction ID : SA21.6259**

Date of Receipt

M M / D D / Y Y Y Y  
03 / 05 / 2019

INSURANCE PAYMENT

Amount of Each Receipt this Period

27632.30

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**K&K INSURANCE**

Mailing Address 1712 MAGNACOX WAY

City  
FORT WAYNE

State  
IN

Zip Code  
46801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

39914.80

**Transaction ID : SA21.6260**

Date of Receipt

M M / D D / Y Y Y Y  
03 / 21 / 2019

INSURANCE PAYMENT

Amount of Each Receipt this Period

12282.50

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

588022.05

**Total This Period (last page this line number only)**.....